

NAVAL RESERVE QUALIFICATION QUESTIONNAIRE FOR INACTIVE DUTY PERSONNEL*Please Read Important Instructions on NRQQ Web Page***PRIVACY ACT STATEMENT**

AUTHORITY: Authority for requesting this information is contained in 10 United States Code, Chapter 11.

PURPOSE: To provide current information concerning your skills, education and civilian experience for use in determining appropriate mobilization assignments, promotion opportunities, and status in the Naval Reserve. Completion and return of this form is mandatory; failure to complete and return this form may affect priority of recall mobilization, accuracy of mobilization assignment and your status in the Naval Reserve.

EDUCATION/CIVILIAN EXPERIENCE

HIGH SCHOOL, COLLEGE or PROFESSIONAL (Name and Location)	ATTENDED		SEM HOURS (Credits)	DEGREE		MAJOR FIELD OF STUDY	SPECIALIZATION WITHIN MAJOR
	Fm	To		TITLE	DATE		

NAME AND ADDRESS OF EMPLOYER: (if Federal Government, Include title of agency, grade and series)

KIND OF BUSINESS:

EXACT TITLE OF YOUR POSITION: (Give present and former position if change occurred during past year)

PRESENT POSITION: (YRS and MOS)

NO.EMPLOYEES SUPERVISED: (Present Position)

FORMER POSITION: (YRS and MOS)

BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES. INDICATE SPECIAL SKILLS OR LICENSES IN EFFECT: (See NRQQ Web Page for Instructions)

CIVIC RESPONSIBILITIES, COMMUNITY ACTIVITIES:

RESERVE UNIT TITLE: (Address not required)

BILLET AND MONTHS IN THIS BILLET:

COMMAND HOLDING YOUR SERVICE RECORD: (Address not required)

ANNUAL TRAINING DURING PAST FISCAL YEAR:

DUTIES:

DATES:

FOREIGN LANGUAGE PROFICIENCY (see web page instructions):

LANG
PROF
SOURCE
CODE

PROFICIENCY RATING (Digit Code)

SPEAK

WRITE

READ

LISTEN

I verify the above information to the best of my knowledge.

DATE:

SIGNATURE

LAST NAME, FIRST NAME, MI

HOME ADDRESS: (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER:

RANK:

DESIGNATOR:

FY OF REPORT: